

INCOME CONTRIBUTION AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF

Montgomery

NAME OF DEBTOR(S)

David Alderfer

CHAPTER 13 CASE #

17-18158-amc

I, Sandra McGoldrick, the person whose name is signed below, hereby swear/affirm that the following are true and correct:

1. The debtor(s) named above is/are my boyfriend/roommate (specify relationship, for example - mother, father, brother, friend).

2. I contribute financial support in the amount of \$ 1082.00 on a monthly basis to the debtor(s).

3. The source of my income is Social Security (for example, wages from employment, self-employment, disability payments, Social Security, et cetera). The name of my employer is N/A (if applicable).

4. I will continue to make such contributions to the debtor(s) for the entire duration of the Chapter 13 plan of the debtor(s).

2/14/18  
Date

[Signature]  
Affiant/Contributor (signature)

Sandra J. McGoldrick  
Affiant/Contributor (print name)

Sworn to or affirmed and subscribed to before me by Sandra McGoldrick the Affiant/Contributor identified above, on this 14th day of February, 2018.

[Signature]  
Notary Public

[Notarial Seal]

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
GIONNE E. BOONE, Notary Public  
Lower Salford Township, Montgomery County  
My Commission Expires June 23, 2021